

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044854

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

818

Primary Registration District No.

Registrar's No.

10812

STATE FILE NUMBER

FILED NOV 19 1962

1003

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS, MISSOURI

Length of stay in lb

19 days

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Washington

c. CITY

OR TOWN

Cadet

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION BARNES HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

FRANK

S. SZODROWSKY

4. DATE OF DEATH

Month

Day

Year

NOVEMBER 10 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

April 19, 1887

## 9. AGE (last birthday)

75

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired maintenance man

10b. KIND OF BUSINESS OR INDUSTRY

general hospital

11. PLACE OF BIRTH (City and state or country)

Westphalia, Germany

12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

unknown

## 13b. MOTHER'S MAIDEN NAME

Elizabeth unknown

## 14. NAME OF HUSBAND OR WIFE

-

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

Yes

W. W. I

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Dorothy Gerding 10621 Vorhof Dr.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARCINOMA OF LUNG WITH PROBABLE METASTASES

## INTERVAL BETWEEN ONSET AND DEATH

18 MONTHS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

163x

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from NOVEMBER 1947 to NOV. 10, 1962 and last saw her alive on NOVEMBER 10, 1962

Death occurred at 3:12 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

James H. Bruford M.D.

## 22b. ADDRESS

BARNES HOSPITAL

## 22c. DATE SIGNED

11/11/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

## 23b. DATE

Nov. 13, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

St. Trinity Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

BEIDERWIEDEN F. H. INC., 1936 St. Louis

## 25. DATE RECD. BY LOCAL REG.

11-13-1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

52

52-0

52

EMBALMER'S CERTIFICATE  
STATE OF MISSOURI

SECT. OF HEALTH

DEPARTMENT OF HEALTH

ST. LOUIS

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Homer H. Fritz*

Licensed Embalmer No.

*3882*

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.